

## Medical, Vision and Dental Premiums

Effective July 1, 2022  
Albany Police Association

### Employee Only Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 20.10	\$ 20.10	\$ 40.20	\$ 763.87	\$ 804.07
MODA Vision	\$ 0.61	\$ 0.61	\$ 1.22	\$ 23.32	\$ 24.54
MODA Delta Dental	\$ 1.70	\$ 1.70	\$ 3.40	\$ 64.85	\$ 68.25
Willamette Dental	\$ 1.26	\$ 1.26	\$ 2.52	\$ 47.82	\$ 50.34

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 22.41	\$ 22.41	\$ 44.82
Medical, Vision & Willamette Dental	\$ 21.97	\$ 21.97	\$ 43.94

### Employee & Spouse Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 43.28	\$ 43.28	\$ 86.56	\$ 1,644.94	\$ 1,731.50
MODA Vision	\$ 1.08	\$ 1.08	\$ 2.16	\$ 41.42	\$ 43.58
MODA Delta Dental	\$ 3.02	\$ 3.02	\$ 6.04	\$ 114.77	\$ 120.81
Willamette Dental	\$ 2.72	\$ 2.72	\$ 5.44	\$ 103.36	\$ 108.80

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 47.38	\$ 47.38	\$ 94.76
Medical, Vision & Willamette Dental	\$ 47.08	\$ 47.08	\$ 94.16

### Employee & Child Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 35.50	\$ 35.50	\$ 71.00	\$ 1,349.06	\$ 1,420.06
MODA Vision	\$ 1.16	\$ 1.16	\$ 2.32	\$ 44.24	\$ 46.56
MODA Delta Dental	\$ 3.55	\$ 3.55	\$ 7.10	\$ 134.89	\$ 141.99
Willamette Dental	\$ 2.22	\$ 2.22	\$ 4.44	\$ 84.62	\$ 89.06

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 40.21	\$ 40.21	\$ 80.42
Medical, Vision & Willamette Dental	\$ 38.88	\$ 38.88	\$ 77.76

### Employee & Family Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 58.28	\$ 58.28	\$ 116.56	\$ 2,214.73	\$ 2,331.29
MODA Vision	\$ 1.63	\$ 1.63	\$ 3.26	\$ 62.30	\$ 65.56
MODA Delta Dental**	\$ 0.09	\$ 0.09	\$ 0.18	\$ 194.40	\$ 194.58
Willamette Dental**	\$ 0.09	\$ 0.09	\$ 0.18	\$ 146.37	\$ 146.55

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 60.00	\$ 60.00	\$ 120.00
Medical, Vision & Willamette Dental	\$ 60.00	\$ 60.00	\$ 120.00

City pays approximately 95% of insurance premium for full-time APA employees and their dependents and employees pay 5% premium contribution.

\*\*The employee-paid premium for MODA Delta Dental has been reduced by \$9.54 per month and Willamette Dental by \$7.14 per month in order to maintain the maximum employee premium contribution of \$120.00 per month, per the collective bargaining agreement.